



Emergency Shelter Program

Application

Application Open Date: June 12, 2017

Application Close Date: July 7, 2017

Award Notification: no later than August 11, 2017

Service Start Date: October 1, 2017

ESP Provider Meeting: November 7, 2017

INTRODUCTION

Overview of the Emergency Shelter Program

The Michigan Department of Health and Human Services (MDHHS) oversees the Emergency Shelter Program (ESP). The ESP is operated statewide and provides emergency overnight lodging to households experiencing homelessness in Michigan. The Salvation Army Eastern Michigan Division (TSA) administers the ESP on behalf of MDHHS.

Participating Agencies

Agencies that provide emergency overnight lodging, utilizing either physical shelter or motel placements, are eligible to participate in the ESP. This includes rotating shelters and faith-based agencies. Funding for domestic violence and youth sheltering through MDHHS is available through the Michigan Domestic and Sexual Violence Prevention and Treatment Board and the Homeless and Runaway Youth Division. Domestic violence and youth provides are not eligible at this time to participate in the ESP.

ESP Funding

Agencies providing overnight shelter are eligible to receive a reimbursement of \$12 per night. Agencies providing emergency motel accommodations may receive up to \$75 per night. Funding allocations are awarded to agencies on an annual basis. Agencies may draw down funds on a monthly basis up to their allocation amount.

Operating Year

October 1 to September 30

Intervention Type

Shelter - Time-limited temporary housing where households experiencing homelessness may stay and receive supportive services that are designed to enable individuals to move into permanent housing.

Target Population

Families and individuals experiencing homelessness.

Services Provided

- Emergency Shelter
- Emergency Motel Accommodations

Length of Program

Participants are eligible for up to 90 nights of emergency shelter or up to seven nights of emergency motel accommodations. Extensions may be granted for households requiring additional time. These are reviewed on a case-by-case basis by the ESP Regional Manager and require documented progress towards a positive housing destination.

Annual Funding

Approximately \$10.6 million (state general fund, TANF)

Service Area

Statewide

PROGRAM OVERVIEW

A. Purpose and Goal

The purpose and goal of the ESP is to provide emergency overnight lodging to households experiencing homelessness in Michigan and support moving them from temporary shelter into stable housing as quickly as possible.

Alignment with State Initiatives

As part of the goal of supporting movement into stable housing as quickly as possible, ESP policies and procedures are developed to align with the state's efforts toward coordination between housing programs and service systems including the Housing Assessment and Resource Agency (HARA).

B. Service Components

Emergency Shelter

Emergency shelter lodging is available for eligible households for up to ninety (90) nights per operating year, however, the goal is that clients are moved out of shelter as quickly as possible. If a household requires additional time in shelter and the agency would like to continue to bill beyond 90 nights, an extension must be requested. An extension form is to be submitted to the appropriate ESP Regional Manager within 5 days of the 90th night. To be eligible for an extension, the household must be actively seeking housing and working cooperatively with the emergency shelter. If approved, the household will be eligible for up to an additional 30 nights. Additional extensions will be required at 30 night increments, if necessary.

Emergency Motel

In service areas without shelter facilities or in service areas with shelter facilities at capacity, emergency motel lodging is available for eligible households for up to seven (7) nights per operating year. Extensions may be requested by agencies for households that need additional time in the motel. To be eligible for an extension, the household must be actively seeking housing and working cooperatively with the ESP provider. Extensions must be submitted to the appropriate ESP Regional Manager within 24 hours of the end of the 7 night stay. Additional extensions are required in 7 night increments, if necessary.

C. Standardized Assessment and Reporting

Service Prioritization Decision Assistance Tool

Effective October 2014, the Service Prioritization Decision Assistance Tool (SPDAT) was implemented statewide and mandated for housing programs funded through MDHHS and the Michigan State Development Housing Authority (MSHDA). The SPDAT is an evidence-based approach used to objectively prioritize households for service intervention by determining an acuity score, moving the discussion from simply who is eligible to who is eligible and in greatest need. The SPDAT includes a pre-screen assessment, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), a shorter survey that quickly identifies who should be recommended for a full SPDAT assessment.

All HARAs are required to utilize the VI-SPDAT and SPDAT. ESP Providers are required to utilize

the VI-SPDAT. ESP Providers should contact TSA regarding VI-SPDAT training and additional information.

Michigan State Homeless Management Information System

In addition to SPDAT implementation, housing programs funded through MDHHS and MSHDA enter data on the Michigan State Homeless Management Information System (MSHMIS or HMIS). The HMIS is managed by the HMIS Lead, the Michigan Coalition Against Homelessness (MCAH). ESP Providers are required to enter program data on HMIS. ESP data collected on HMIS is used to evaluate program effectiveness, identify gaps and barriers, and inform state level decision making around housing and homelessness issues.

EMERGENCY SHELTER

A. Summary

In service areas with shelter facilities, emergency shelter lodging is available for eligible households for up to ninety (90) nights. The ESP Provider, or Shelter Provider, enters into an ESP Memorandum of Agreement (MOA) with The Salvation Army. The MOA outlines the Shelter Provider's total operating year award amount, ESP service area, and requirements and expectations related to provision of service. The assigned TSA Regional Manager provides support to the Shelter Provider to ensure successful implementation throughout the operating year.

If a household requires additional time in shelter and the agency would like to continue to bill beyond 90 nights, an extension must be requested. An extension form is to be submitted to the appropriate ESP Regional Manager within 5 days of the 90th night. To be eligible for an extension, the household must be actively seeking housing and working cooperatively with the emergency shelter. If approved, the household will be eligible for up to an additional 30 nights. Additional extensions will be required at 30 night increments, if necessary.

B. Eligible Households

Eligible Households

The household (individual or family) is literally homeless, meaning the household lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is a public or private place not meant for human habitation.

Eligibility Verification

The ESP Provider must verify that the household is literally homeless by documenting one of the following in the case file:

- a. Written observation by an outreach worker; or
- b. Written referral by another housing or service provider; or
- c. Certification by the household seeking assistance stating that they are literally homeless.

Refusal Policy

Only under the following circumstances may the Shelter Provider refuse services:

- a. The shelter facility is at capacity; or
- b. Persons seeking assistance have a documented history of being disruptive, abusive, or excessively disorderly or other characteristics not conducive to staying in an emergency shelter.

Denial shall be authorized by someone other than the intake worker.

If services are refused, the household should be referred to the HARA for appropriate services.

The use of drugs and/or alcohol itself is not an adequate reason to deny services. Behavior of the client should direct any decision to refuse shelter.

ESP Providers should practice low barrier service delivery. Providers are encouraged to continuously work towards enhancing low barrier practices.

C. Service Delivery Requirements

Shelter Diversion

Before providing emergency overnight lodging, the Shelter Provider shall make every attempt to practice shelter diversion for households seeking ESP assistance. Shelter diversion can be assisting the household with identifying other housing options such as staying with a family member or friend, or facilitating contact with a family member or friend to arrange for a temporary stay.

Emergency Overnight Lodging

If shelter diversion is not an option, the Shelter Provider may provide emergency overnight lodging in a shelter facility to eligible households for up to ninety (90) nights per operating year. The shelter facility must meet the *Minimum Standards for Emergency Shelter* and hours of operation must be at least seven (7) days a week from 5:00 PM until 9:00 AM. Every attempt shall be made to sleep individuals on beds or cots but in cases of extreme need, the provision of chairs or even the floor may be used so that eligible households seeking emergency overnight lodging can be served. Participants have access to a minimum of two (2) meals per day, including a supper meal in the evening and a breakfast meal before individuals leave in the morning.

Assessment and Referral

To support the ESP goal of moving households into stable housing as quickly as possible and creating a successful partnership with the HARA, the Shelter Provider must make every effort to maintain engagement with households receiving ESP services, have regular communication with the HARA, and coordinate services with the HARA.

For each household receiving ESP services, the Shelter Provider shall ensure a VI-SPDAT assessment is completed within the first fourteen (14) calendar days after the date of intake. If the household has had a VI-SPDAT assessment completed within six (6) months prior to the date of intake, then the Shelter Provider does not need to perform another VI-SPDAT assessment. The Shelter Provider should reference HMIS or the HARA to confirm if/when a VI-SPDAT assessment was completed to prevent the household from undergoing a VI-SPDAT assessment that is not necessary. The TSA Regional Manager should be contacted with VI-SPDAT questions or concerns.

If the household has a VI-SPDAT score in the permanent housing intervention range they shall be

referred for a full SPDAT assessment. The Shelter Provider is responsible for making a referral for the household to the HARA for a full SPDAT within fourteen (14) calendar days after the date of intake or the date of the VI-SPDAT assessment, whichever date is later. The Shelter Provider should work closely with the HARA to ensure a full SPDAT is completed and that the household is prioritized for the appropriate level of housing services.

If a household does not score within the permanent housing intervention range on the VI-SPDAT then the Shelter Provider should not refer the household for a full SPDAT assessment with the HARA. While households scoring in this range may demonstrate a need to supports, they do not demonstrate a need to be prioritized for deeper housing services. In these cases, the Shelter Provider should support the household in resolving their housing crisis by providing information and facilitating referrals including but not limited to supplying a list of affordable housing properties, providing a list of local landlords, and referring households for other applicable services with local providers such as food assistance or State Emergency Relief (SER) assistance with MDHHS.

Coordination with Community Partners

In addition to working with the HARA, the Shelter Providers should also coordinate with the local MDHHS county office within their ESP service area to ensure clients presenting at MDHHS in need of emergency overnight lodging who are also eligible for ESP services are connected in an efficient manner. The TSA Regional Manager and MDHHS can offer assistance to facilitate this partnership.

D. Reporting and Recordkeeping

Daily Sign-In Sheets

The Shelter Provider is responsible for maintaining daily sign-in sheets to record persons served through ESP. Sign-in sheets are used to verify units of service in billing submissions.

HMIS

The Shelter Provider is responsible for creating and maintaining a client record for each person served on HMIS. The Shelter Provider may access HMIS training and materials, including privacy requirements and workflow guides, on the Michigan Coalition Against Homelessness website, www.mihomeless.org. MCAH representatives are available for questions or concerns regarding ESP HMIS issues.

Households Denied ESP Services

The Shelter Provider must maintain records for all households that presented for ESP services that did not meet eligibility criteria or were refused services per the criteria under Section B. TSA will monitor these records as part of their annual monitoring visit.

Record Retention

All ESP records, including billings, must be maintained by the ESP Provider for a minimum of three (3) years from the operating year start date. These records must be available to TSA and MDHHS upon request.

E. Billing Procedure

Units of Service

Units of service are paid for providing emergency overnight lodging in a shelter facility as outlined in Section C. Units of service are reimbursed at a flat per diem rate of \$12.00 per person provided emergency overnight lodging (bed night). The Shelter Provider may not collect payment from or charge service fees to households receiving ESP assistance which includes but is not limited to payment from mainstream benefits (Food Assistance Program/SNAP/EBT/Bridge Card), cash, or labor.

Billing Procedure

The Shelter Provider will receive a reimbursement for eligible ESP costs on a monthly basis. The Shelter Provider shall request reimbursement for eligible costs from The Salvation Army on a monthly basis. The Shelter Provider shall submit a reimbursement request for eligible costs to The Salvation Army by 12:00 PM the 10th of the month after the last day of the billing period (if the 10th falls on a weekend, the billing is due the Friday before). The Shelter Provider shall receive reimbursement from The Salvation Army within thirty (30) calendar days from the reimbursement request due date or the date the reimbursement request is submitted, whichever is later. For the month of August and September, reimbursement requests shall be submitted as directed to meet State of Michigan fiscal year end closing deadlines.

It is likely that billings submitted 90 days or more after the billing due date will not be reimbursed.

Providers experiencing MSHMIS issues should work with their System Administrator and MCAH and report these issues, along with an email from MCAH with an explanation, to their Regional Manager. Billings submitted with MSHMIS issues may not be reimbursed without a written explanation from MCAH.

The Shelter Provider may submit complete reimbursement requests in hard copy or electronic format to their Regional Manager and shall include the following documentation with each submission:

- Reimbursement Request Form
- MSHMIS Billing Report (ART)
- Daily Sign-In Sheet (original is not required)

EMERGENCY MOTEL

A. Summary

In service areas without shelter facilities or in some service areas with shelter facilities frequently at capacity, emergency motel lodging is available for eligible households for up to seven (7) nights at a maximum rate of \$75.00 per night per operating year. The ESP Motel Provider enters into an ESP Memorandum of Agreement (MOA) with The Salvation Army. The MOA outlines the Motel Provider's total operating year award amount, ESP service area, and requirements and expectations related to provision of service. The assigned TSA Regional Manager provides support to the Motel Provider to ensure successful implementation throughout the operating year.

B. Eligible Households

Eligible Households

The household (individual or family) is literally homeless, meaning the household lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is a public or private place not meant for human habitation.

Eligibility Verification

The ESP Provider must verify that the household is literally homeless by documenting one of the following in the case file:

- a. Written observation by an outreach worker; or
- b. Written referral by another housing or service provider; or
- c. Certification by the household seeking assistance stating that they are literally homeless.

Refusal Policy

Only under the following circumstances may the Motel Provider refuse services:

- a. The motel facility has no vacancy; or
 - b. Persons seeking assistance have a documented history of being disruptive, abusive, or excessively disorderly or other characteristics not conducive to staying in an emergency shelter.
- Denial shall be authorized by someone other than the intake worker.

If services are refused, the household should be referred to the HARA for appropriate services.

C. Service Delivery Requirements

Motel Diversion

Before providing emergency overnight lodging, the Motel Provider shall make every attempt to practice motel diversion for households seeking ESP assistance. Motel diversion can be assisting the household with identifying other housing options such as staying with a family member or friend, or facilitating contact with a family member or friend to arrange for a temporary stay.

Emergency Overnight Lodging

If motel diversion is not an option, the Motel Provider may provide emergency overnight lodging in a motel facility to eligible households for up to seven (7) nights at a maximum rate of \$75.00 per night. The motel facility must meet, as much as possible, the *Minimum Standards for Emergency Shelter*.

In cases where emergency motel lodging is required beyond seven (7) nights, an extension may be requested by submitting the Motel Extension Request Form to the TSA Regional Manager. Extension requests are reviewed on a case-by-case basis and decisions will be provided within 24 hours. Extensions may not be requested retroactively.

In cases where a household presents for emergency motel services during hours when the Motel

Provider is not operating, i.e. after hours, the Motel Provider may coordinate with another local service agency for provision of service. The local service agency must complete the After Hours Motel Referral Form authorizing emergency motel lodging for one (1) night or until the next business day. A copy of the form shall be provided to the household to bring to the motel facility and a copy shall be sent to the Motel Provider. The Motel Provider must follow-up with the household by the next business day and use standard billing protocol for payment as outlined

below. The TSA Regional Manager is available to assist Motel Providers with coordinating after-hours coverage.

Assessment and Referral

To support the ESP goal of moving households into stable housing as quickly as possible and creating a successful partnership with the HARA, the Motel Provider must make every effort to maintain engagement with households receiving ESP services, have regular communication with the HARA, and coordinate services with the HARA.

For each household receiving ESP services, the Motel Provider shall ensure a VI-SPDAT assessment is completed within the first fourteen (14) calendar days after the date of intake. If the household has had a VI-SPDAT assessment completed within six (6) months prior to the date of intake, then the Motel Provider does not need to perform another VI-SPDAT assessment. The Motel Provider should reference HMIS or the HARA to confirm if/when a VI-SPDAT assessment was completed to prevent the household from undergoing a VI-SPDAT assessment that is not necessary. The TSA Regional Manager should be contacted with VI-SPDAT questions or concerns.

If the household has a VI-SPDAT score in the permanent housing intervention range they shall be referred for a full SPDAT assessment. The Motel Provider is responsible for making a referral for the household to the HARA for a full SPDAT within fourteen (14) calendar days after the date of intake or the date of the VI-SPDAT assessment, whichever date is later. The Motel Provider should work closely with the HARA to ensure a full SPDAT is completed and that the household is prioritized for the appropriate level of housing services.

If a household does not score within the permanent housing intervention range on the VI-SPDAT then the Shelter Provider should not refer the household for a full SPDAT assessment with the HARA. While households scoring in this range may demonstrate a need to supports, they do not demonstrate a need to be prioritized for deeper housing services. In these cases, the Motel Provider should support the household in resolving their housing crisis by providing information and facilitating referrals including but not limited to supplying a list of affordable housing properties, providing a list of local landlords, and referring households for other applicable services with local providers such as food assistance or State Emergency Relief (SER) assistance with MDHHS.

If a motel extension is requested for a client, the VI-SPDAT should be done prior to requesting the extension.

Coordination with Community Partners

In addition to working with the HARA, the Shelter Providers should also coordinate with the local MDHHS county office within their ESP service area to ensure clients presenting at MDHHS in need of emergency overnight lodging who are also eligible for ESP services are connected in an efficient manner. The TSA Regional Manager and MDHHS can offer assistance to facilitate this partnership.

D. Reporting and Recordkeeping

HMIS

The Motel Provider is responsible for creating and maintaining a client record for each person served on HMIS. The Motel Provider may access HMIS training and materials, including privacy requirements and workflow guides, on the Michigan Coalition Against Homelessness website, www.mihomeless.org. MCAH representatives are available for questions or concerns regarding ESP HMIS issues.

Households Denied ESP Services

The Motel Provider must maintain records for all households that presented for ESP services that did not meet eligibility criteria or were refused services per the criteria under Section B. TSA will monitor these records as part of their annual monitoring visit.

Record Retention

All ESP records, including billings, must be maintained by the ESP Provider for a minimum of three (3) years from the operating year start date. These records must be available to TSA and MDHHS upon request.

E. Eligible Costs and Billing Procedure

Eligible Costs

Eligible ESP costs are costs for providing emergency overnight lodging in a motel facility outlined in Section C. ESP costs are reimbursed at a maximum rate of \$75.00 per night. The Motel Provider may not collect payment from or charge service fees to households receiving ESP assistance which includes but is not limited to payment from mainstream benefits (Food Assistance Program/SNAP/EBT/Bridge Card), cash, or labor.

Billing Procedure

The Motel Provider is responsible for making payments for eligible costs to the motel facility at the time of service and shall request reimbursement for eligible costs from The Salvation Army on a monthly basis. The Motel Provider shall submit a reimbursement request to The Salvation Army by 12:00 PM on the 10th of the month after the last day of the billing period (if the 10th falls on a weekend, the billing is due the Friday before). The Motel Provider shall receive reimbursement from The Salvation Army within thirty (30) calendar days from the reimbursement request due date or the date the reimbursement request is submitted, whichever is later. For the months of August and September, reimbursement requests shall be submitted as directed to meet State of Michigan fiscal year end closing deadlines.

It is likely that billings submitted 90 days or more after the billing due date will not be reimbursed.

Providers experiencing MSHMIS issues should work with their System Administrator and MCAH and report these issues, along with an email from MCAH with an explanation, to their Regional Manager. Billings submitted with MSHMIS issues may not be reimbursed without a written explanation from MCAH.

The Motel Provider may submit complete reimbursement requests in hard copy or electronic format to their Regional Manager and shall include the following documentation with each submission:

- Administrative Costs Reimbursement Request Form
- Motel Reimbursement Request Form
- MSHMIS Billing Report (ART)
- Motel Invoice
- Motel Referral Form or Voucher (must include client signature or written explanation of why one was not included)
- Motel Extension Form, if applicable
- Check Copy

Administrative Costs are allowable expenditures for reimbursement. The maximum amount allowed for billing is 10% of the awarded amount. Motel Providers may contact their assigned TSA Regional Manager for questions or concerns regarding billing for administrative costs.

INSTRUCTIONS FOR APPLICANT

A. Summary

Applicants must complete all applicable fields of the application.

B. Application Submission

Completed applications must be submitted by 5:00 PM EST on Friday, July 7, 2017.

Applications **must** be submitted using the following link. Paper copies will **not** be accepted:

- Applications for shelter providers must be submitted at: <https://www.surveymonkey.com/r/ESPFY18SHELTER>
- Applications for motel providers must be submitted at: at <https://www.surveymonkey.com/r/ESPFY18MOTEL>
- Applicants are encouraged to complete answers in Microsoft Word then copy and paste into Survey Monkey when completing the application. A Microsoft Word version of the questions is available at <http://www.michigan.gov/mcteh/0,8782,7-349-78541-401661--,00.html>.

C. Application Questions

Questions regarding this application may be submitted from the time of release until 5:00 PM on Friday, June 16, 2017. Responses to questions submitted will be made available by noon on Wednesday, June 21, 2017 and will be posted at: <http://www.michigan.gov/mcteh/0,8782,7-349-78541-401661--,00.html>. Please submit questions electronically to Tim Beimers, tim_beimers@usc.salvationarmy.org.

D. Application Scoring

Section 1

Points will be awarded based on the strength of responses using the following measurement:

5 points: Strong Response. A strong score indicates the response fully answers the question in a quality way that would lead the reviewer to believe the provider will be successful with prospective ESP funding.

3 points: Satisfactory Response. A satisfactory rating indicates the answer was adequately answered and points to a reasonable amount of assurance the provider can meet the requirement, but is neither especially strong nor weak.

1 point: Weak/No Response. A weak/no response rating indicates the provider did not answer the question or the response would lead the reviewer to believe the provider will struggle to maintain the requirements of ESP funding.

Section 2

2 points: "Yes" Response

1 point: "No" Response, but with reasonable explanation

0 points: "No" Response with no or not acceptable explanation

Bonus Points

Applicants answering "Yes" to the bonus questions will receive 1 point per response.

APPLICATION

Agency Name:

Contact Person:

Title:

Contact E-mail Address:

Contact Phone:

Agency Mailing Address:

What region does your agency serve?

For a link to a map outlining the Governor's Prosperity Regions click here:

<http://www.michigan.gov/dtmb/0,5552,7-150-66155-310318--,00.html>

Current ESP Provider: ☐ Yes ☐ No

By signing below, I certify the information provided in this proposal is true and accurate. I also understand that any false statements may result in immediate termination of funding to the agency listed above if this proposal is accepted.

Authorized Representative's Signature

Date

Authorized Representative's Title

SECTION A – SHELTER APPLICANTS ONLY

PART 1. Please address the following in the space provided.

	What would be the coverage area (city/cities and/or county/counties) of your agency in regards to ESP services?

	How many bed nights does your shelter anticipate per year? What are the projected expenses per year? Please provide a rationale for these numbers.

	At a \$12 per night per diem, how many bed nights does your shelter anticipate billing to ESP per year?

	What population(s) does your shelter serve (single men, single women, women and children, families, etc.)?

	What are the number of beds available for each of the populations above in your facility?

	Does your agency currently receive any additional funding for shelter services? Please indicate source and amounts.

Score:	What is the average length of stay for households in your shelter? What percentage of households exit to positive housing destinations? Please provide FY16 data.

Score:	Is your agency currently the Housing Assessment and Resource Agency (HARA)? If no, explain how your agency will work with the HARA to meet the requirements of a shelter contract.

Score:	Provide an explanation and/or workflow of how a household's shelter stay would be processed from intake to discharge.

Score:	Explain how diversion is used in your shelter.

Score:	What case management is provided to households while in shelter?

Score:	How will your shelter utilize the \$12 per diem to lower the length of stay (to a positive housing destination)?
Score:	Explain the billing process of your agency and how you plan to submit timely billings each month. Billings are due by noon on the 10 th of the month following the end of the month in which services were provided.

PART 2. The following are the minimum standards to be met for ESP shelter providers. Indicate whether or not your facility currently meets these requirements. If a standard is not being met, please include an explanation of how the standard will be met by October 1, 2017 or why the standard will not be met by October 1, 2017.

1. Shelters have the capacity to resolve a household's immediate housing crisis by providing overnight lodging in a safe physical environment including:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter building is structurally sound to protect the residents from the elements and does not pose any threat to the health and safety of residents.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter water supply is free of contamination
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter has any necessary heating/cooling facilities in proper operating condition.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety.
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Score:	Explanation:
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<input type="checkbox"/> Yes <input type="checkbox"/> No	There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter is maintained in a sanitary condition.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter has adequate provisions for garbage removal and pest control.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter has adequate provisions to ensure that sleeping surfaces and linens are sanitized on a regular basis.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	There is at least one working smoke detector in each occupied unit of the shelter.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Where possible, smoke detectors are located near sleeping areas.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	All public areas of the shelter have at least one working smoke detector.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The fire alarm system is designed for hearing-impaired residents.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	There is a second means of exiting the building in the event of fire or other emergency.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter has adequate first aid supplies available at all times in an area readily accessible.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter has adequate telephone and emergency telephone number access in an area readily accessible.
Score:	Explanation:

2. Shelters shall maintain the following general operations standards:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter is a non-profit corporation organized under the Internal Revenue Service code section 501(c)(3). Email a current W-9 and proof of liability insurance to Tim Beimers, tim_beimers@usc.salvationarmy.org.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter maintains participant and program records in a secured area.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter has on-site staff coverage during hours of operation.
Score:	Explanation:

3. Shelters shall meet the following operating conditions:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter operates year-round. If the shelter is a rotating shelter, please explain the operating year and where the shelter is provided.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter is open, at a minimum, from 5:00 PM – 9:00 AM daily.
Score:	Explanation:

If hours of operation are not 24/7, what, if any, accommodations are made for individuals working third shift?	

If hours of operation are not 24/7, what coordination efforts are made with local agencies to meet the needs of individuals during the hours the shelter is closed?	

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter provides access to a minimum of two meals per day. Explain how meals are provided (directly by shelter, coordinated with community partners, etc.).
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter's food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
Score:	Explanation:

4. Shelters shall be low-barrier and equal access, meaning:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter is accessible for all clients in accordance with: a. Section 504 of the Rehabilitation Act; b. Title II of the American Disabilities Act; and c. The Fair Housing Act (42 U.S.C. 3601 et seq.).
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Sobriety is not a condition for entry, stay, or access to services. Rules address behaviors, not the cause of behaviors, to ensure safety and security of guests and the facility.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does not discriminate on the basis of sexual orientation, gender identity, or family composition.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has capacity to serve consumers that need accessibility accommodations.
Score:	Explanation:

5. Shelters shall participate with statewide prioritization tools.

<input type="checkbox"/> Yes <input type="checkbox"/> No	The shelter utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize persons that are the most vulnerable for deeper services.
Score:	Explanation:

6. Shelters shall work cooperatively with other members of the Continuum of Care to provide needed services to quickly move guests to permanent housing using available community resources and utilizing shelter diversion when appropriate. Including:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Participates in the local coordinated entry/access system. Please describe the role of your agency.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Participates in the Homeless Management Information System (HMIS).
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Practices real-time data entry and ensures complete client records are entered.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Collaborates with the local Housing Assessment and Resource Agency (HARA).
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Provides or ensures documentation of housing case management. Please describe how this is accomplished.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Provides or ensures linkages to mainstream resources. Please describe this process.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Practices shelter diversion when applicable. Please describe this process.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Upholds a Housing First approach and utilizes Rapid Re-Housing resources and other community resources in accordance with best practices.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Shelter Providers are required to attend 75% of local Continuum of Care meetings in their coverage area.
Score:	Explanation:

PART 3. Bonus Questions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your shelter currently staffed 24 hours per day, 365 days per year?
Explanation:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your shelter have the ability to keep family units together regardless of make-up (two parent households can stay together, single dads can stay with kids, etc)?
Explanation:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your shelter provide access to three (3) meals to participating households daily?
Explanation:	

SECTION B – MOTEL APPLICANTS ONLY

PART 1. Please address the following in the space provided.

	What would be the coverage area (city/cities and/or county/counties) of your agency in regards to ESP services?

	Does your agency currently receive any additional funding for motel services? Please indicate source and amounts.

	For new ESP applicants, how many motel stays does your agency anticipate in this coverage area per year? What are the projected expenses per year? Please provide a rationale for these numbers.

	At a maximum rate of \$75 per night, how many motel nights do you anticipate billing to ESP?

Score:	Why is a motel program necessary in the area listed above?

Score:	What is the average length of stay for households accessing motel funding?

Score:	What type of case management is conducted with households while in the motel program?

Score:	Is your agency currently the Housing Assessment and Resource Agency (HARA)? If no, explain how your agency will work with the HARA to meet the requirements of a motel contract, including completion of the VI-SPDAT and referral for other available resources.

Score:	Provide a workflow of how a household would be served in your agency's coverage area from motel placement through housing (assuming that is the final exit).

Score:	Explain how any ESP funds provided to your agency would be used as a part of the larger homeless response system in your coverage area.

Score:	Explain the billing process of your agency and how you plan to submit timely billings each month. Billings are due by noon on the 10 th of the month following the end of the month in which services were provided.

PART 2. Answer Yes or No as to whether or not your agency meets the requirements of ESP below. If the answer is no, please include an explanation of how the requirement will be met by October 1, 2017 or why the requirement will not be met by October 1, 2017.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers are a non-profit corporation organized under the Internal Revenue Service code section 501(c)(3). Email a current W-9 to Tim Beimers, tim_beimers@usc.salvationarmy.org.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers maintain program records for a minimum of three (3) years from the operating year start date. These records must be available to The Salvation Army or MDHHS upon request.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers are required to attend 75% of local Continuum of Care meetings in their coverage area.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers are required to be trained and certified to use the Michigan State Homeless Management Information System (HMIS).
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers are required to be trained and certified to use the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT).
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers are required to maintain client records in a secure place.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers must ensure a VI-SPDAT is completed within 14 calendar days of intake for households if one has not been completed within 6 months prior to date of intake.
Score:	Explanation:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Motel Providers are required to maintain case notes for households, either in writing or electronically, showing case management activities and household progress towards housing.
Score:	Explanation: